

**CHECK LIST FOR PROMOTION TO THE POST OF HM GR.II  
VERIFICATION TO BE HELD AT O/o DEO SANGAREDDY ON 25.01.2023**

<b>1</b>	Name of the District	SANGAREDDY
<b>2</b>	Employee ID	
<b>3</b>	Name of the Employee	
<b>4</b>	Name of the School in which Working	
<b>5</b>	Mandal	
<b>6</b>	Present Designation	
<b>7</b>	Medium	
<b>8</b>	Type of Recruitment Present Designation (Direct/Promotee)	
<b>9</b>	Initial Appointed Management (LB/GOVT)	
<b>10</b>	School Udise Code	
<b>11</b>	Caste (OC/BC/SC/ST)	
<b>12</b>	Gender (M/F)	
<b>13</b>	Educational Qualifications Academic:	
<b>14</b>	Educational Qualifications Professional:	
<b>15</b>	Date Of Birth (DD-MM-YYYY) Eg: 01-Jan-2023	
<b>16</b>	Date of First Appointment (DD-MM-YYYY)	
<b>17</b>	Date of Joining Feeder Cat (DD-MM-YYYY)	
<b>18</b>	Date of Joining Present Cat (DD-MM-YYYY)	
<b>19</b>	First Appointment Cadre (SA/SGT/LP/PET)	
<b>20</b>	If Appointed As Spl.Teach/SV Mention the Date Of Regular Scale Awarded (DD-MMM-YYYY)	
<b>21</b>	If Appointed as Spl.VV date acquiring Minimum Qualification (DD-MMM-YYYY)	

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<b>22</b>	Year Of DSC	
<b>23</b>	DSC Rank	
<b>24</b>	Type of InterDistrict Transfer (610/Other)	
<b>25</b>	Inter District Transfer Date (DD-MMM-YYYY)	
<b>26</b>	Date of Absorption From Aided Post (DD-MMM-YYYY)	
<b>27</b>	DIES-NON period if any	
<b>28</b>	Date of Seniority to be continued present cadre (DD-MMM-YYYY)	
<b>29</b>	PHC (YES/NO)	
<b>30</b>	If PHC Yes Type of PHC (OH/VH/HI/MR/Multiple Disability)	
<b>31</b>	In case of Multiple Disability Specify the Disabilities	
<b>32</b>	% of PHC	
<b>33</b>	GOT (YES/NO)	
<b>34</b>	EOT (YES/NO)	
<b>35</b>	Whether Exempted from Dept. Test (Yes/No)	
<b>36</b>	Any Disciplinary proceedings/charges pending (Yes/No)	
<b>37</b>	Whether any punishment is in Force (Yes/No)	
<b>38</b>	Whether Eligible for Promotion (Yes / No)	
<b>39</b>	Mobile No.	
<b>40</b>	Verification of Certificates done (Yes /No)	
<b>41</b>	Special Test Telugu Passed (Yes/No)	
<b>42</b>	Whether Relinquished for Promotion in previous counsellings?	1st time : (Yes/No), If Yes specify Year : 2nd time : (Yes/No), If Yes specify Year :
<b>43</b>	Signature of the Teacher	
<b>44</b>	Signature of the Verifying Officer	